

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
8846 (NCRCO-92X)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

DUPLEXING TIES

the specification of which (check only one item below):

☒ is attached hereto.

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §119 of the following United States Provisional Application and of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT International Applications)ATTORNEY'S DOCKET NUMBER
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U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint Michael Chan of Dayton, OH, (Reg. No. 33,663); John D. Cowart of San Diego, CA (Reg. No. 38,415); Douglas S. Foote of Dayton, OH (Reg. No. 31,013); Paul W. Martin of Dayton, OH (Reg. No. 34,870); James M. Stover of Dayton, OH (Reg. No. 32,759) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Douglas S. Foote
NCR Corporation
101 West Schantz, ECD-2
Dayton, Ohio 45479-0001

Telephone No.
937 445-3265

Direct Telephone Calls to:

201	FULL NAME OF INVENTOR	FAMILY NAME RAWLINGS	FIRST GIVEN NAME Timothy	SECOND GIVEN NAME W.
	RESIDENCE & CITIZENSHIP	CITY Waynesville	STATE OR FOREIGN COUNTRY Ohio	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 3751 Lytle Road	CITY Waynesville	STATE & ZIP CODE/COUNTRY OH 45068
202	FULL NAME OF INVENTOR	FAMILY NAME ROTH	FIRST GIVEN NAME Joseph	SECOND GIVEN NAME D.
	RESIDENCE & CITIZENSHIP	CITY Springboro	STATE OR FOREIGN COUNTRY Ohio	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 140 Caraway	CITY Springboro	STATE & ZIP CODE/COUNTRY OH 45066
203	FULL NAME OF INVENTOR	FAMILY NAME FINSTER	FIRST GIVEN NAME Wayne	SECOND GIVEN NAME D.
	RESIDENCE & CITIZENSHIP	CITY Vernon	STATE OR FOREIGN COUNTRY Wisconsin	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET RR3	CITY Viroqua	STATE & ZIP CODE/COUNTRY WI 54665
204	FULL NAME OF INVENTOR	FAMILY NAME BAUER	FIRST GIVEN NAME Mitch	SECOND GIVEN NAME R.
	RESIDENCE & CITIZENSHIP	CITY Lititz	STATE OR FOREIGN COUNTRY Pennsylvania	COUNTRY OF CITIZENSHIP USA
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**Combined Declaration for Patent Application and Power of Attorney
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	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	DATE 01-25-01	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE

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SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 202 <i>Joseph D. Rath</i>	DATE 1-2-01	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE

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NCR Corporation
101 West Schantz, ECD-2
Dayton, Ohio 45479-0001

Telephone No. Direct Telephone Calls to:
937 445-3265

2010	FULL NAME OF INVENTOR	FAMILY NAME RAWLINGS	FIRST GIVEN NAME Timothy	SECOND GIVEN NAME W.
	RESIDENCE & CITIZENSHIP	CITY Waynesville	STATE OR FOREIGN COUNTRY Ohio	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 3751 Lytle Road	CITY Waynesville	STATE & ZIP CODE/COUNTRY OH 45068
2010	FULL NAME OF INVENTOR	FAMILY NAME ROTH	FIRST GIVEN NAME Joseph	SECOND GIVEN NAME D.
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	POST OFFICE ADDRESS	STREET 140 Caraway	CITY Springboro	STATE & ZIP CODE/COUNTRY OH 45066
2013	FULL NAME OF INVENTOR	FAMILY NAME FINSTER	FIRST GIVEN NAME Wayne	SECOND GIVEN NAME D.
	RESIDENCE & CITIZENSHIP	CITY Saline Co	STATE OR FOREIGN COUNTRY Arkansas	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 716 South Avilla Hts	CITY Alexander	STATE & ZIP CODE/COUNTRY Ar 72002
2014	FULL NAME OF INVENTOR	FAMILY NAME BAUER	FIRST GIVEN NAME Mitch	SECOND GIVEN NAME R.
	RESIDENCE & CITIZENSHIP	CITY Lititz	STATE OR FOREIGN COUNTRY Pennsylvania	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 268 Bloomfield Drive	CITY Lititz	STATE & ZIP CODE/COUNTRY PA 17543

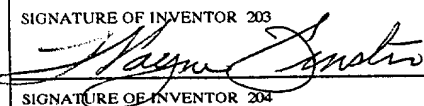
Combined Declaration for Patent Application and Power of Attorney (Continued)

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8846 (NRCO-92X)

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Combined Declaration For Patent Application and Power of Attorney (Continued)				ATTORNEY'S DOCKET NUMBER 8846 (NCRCO-92X)	
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	RESIDENCE & CITIZENSHIP	CITY Verona	STATE OR FOREIGN COUNTRY Wisconsin	COUNTRY OF CITIZENSHIP USA	
	POST OFFICE ADDRESS	STREET RR3	CITY Viroqua	STATE & ZIP CODE/COUNTRY WI 54665	
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME BAUER	FIRST GIVEN NAME MICHAEL <i>MB 12/27/00</i>	SECOND GIVEN NAME R.	
	RESIDENCE & CITIZENSHIP	CITY Limer	STATE OR FOREIGN COUNTRY Pennsylvania	COUNTRY OF CITIZENSHIP USA	
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Combined Declaration for Patent Application and Power of Attorney (Continued)


(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

8846 (NCRCO-92X)

2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2 0 7	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2 0 8	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204 	DATE 12/27/00	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE